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THE HOT SPRINGS OF ARKANSAS, WHAT THEY ARE, AND WHAT THEY DO.

BY "JOURNALIST."

HOT SPRINGS, ARKANSAS, *June 10th.*

A BRIEF paragraph of satin went the rounds of the press a few weeks ago to the effect there were twenty-seven Switzerlands in America. Whether this would be called one or not I am unable to say, but that it bears a striking resemblance to several portions of that beautiful stretch of country called Saxon-Switzerland I am sure all would agree who have visited the two localities. An hour's drive from Dresden brings you into a mountainous, picturesque little village, where, in summer, nature fairly revels in scattering fragrance and beauty. The similitude of this place only holds good in the way of undulating valleys and wild woods, and steep hills blossoming with all sorts of rich verdure, and stretching far away to every variety of scenery. Man has done nothing for it. In fact, almost an effort would seem to have been made to distort what was intended to have been one of earth's fairest little paradises. The roads are unkempt, houses fairly totter when the winds and rain come, every possible refuse is thrown into the stream which runs right through the heart of the town, and a niggard effort to let everything go to rack and waste is apparent on every side. This is largely due to the Reservation having been for many years a subject of litigation, which has kept things in neglect from a fear that money invested would prove absolutely thrown away. Within a few weeks the United States Supreme Court has decided against what are known as the claimants' titles, and vested the absolute right of property in the general government. A receiver, designated by the Court of Claims, is now here, who is making collections of rents, and when the Commission under Act of Congress assumes its duties, the entire four sections will be sold at reasonable rates, giving preference of purchase to present tenants. Then improvements on a grand scale will, I am sure, be commenced, for, in addition to considerable money now here, there is a large number of energetic men in other portions of the country who are waiting the opportunity to expend capital, confident it will bring a speedy and rich return. A quarter of a century ago there was hardly a handful of inhabitants in the valley. Year by year the number of invalids resorting here has been perceptibly increasing. The place is crowded with romantic traditions, the most of which are doubtless to be rejected, but that the Indians knew of the curative value of these waters two hundred years ago the proof is very strong. When their medicine men failed to control diseases from hundred miles away, they sent them here to bathe in the hot pools.

The late Edward C. Delavan, of Albany, the distinguished father of our homœopathic friend, Dr. John S. Delavan, thirty years ago found upon coming here for rheumatism, (of which he was entirely cured in a few weeks,) representatives of more than a dozen tribes. Less than three years since there were no means of reaching the springs but by coaches or wagons from Little Rock, 55 miles distant. Even then, for a long time the annual arrival of visitors averaged from 3,500 to 4,000. A little later the distance was lessened by railroading it to Malvern, and from there taking conveyance which by the shortest roads covered a distance of twenty-three miles. In January last an energetic Chicagoian, Joseph Reynolds, who is known everywhere as

Diamond Joe, (delighting himself in, and the originator of the soubriquet,) completed a road from Malvern here, "annihilating space," and rendering the journey now a matter of comfort rather than hardship. Immediately the town became crowded, and for months it has been a difficult matter to secure any sort of quarter. I am domiciled at the Avenue Hotel, which stands on a commanding hill, catching the freshest breezes, and giving a view of the country miles away, which is as rich a display of nature, as I look out on it this beautiful June morning, as my eyes have ever feasted on in my own or foreign lands.

To those contemplating visiting here, I would recommend the Avenue's proprietor, Mr. A. R. Smith, as one of the best hotel men I ever knew. His house is the perfection of neatness and order, while the table is unsurpassed for simple and most satisfactory cooking. His rooms are frequently crowded, and a note before coming will be in all cases advisable.

The springs are fifty-six in number, and flow from the west side of the Hot Spring Mountain, a spur of the Ozark range. Some are small, while several discharge large volumes of water. The greatest interest centres in the "Big Iron," which flows from the base of the mountain, discharging about 60 gallons of water per minute, of a temperature of 150° Fahrenheit. The "Large Magnesia" discharges about half as many gallons per minute, and I have not found one under fifteen gallons. The average temperature I am unable to give your readers, but the range runs from 90° to 150°. The springs are named from the preponderance of properties, *e. g.*, the arsenic, the alum, the magnesia, etc. Many celebrated men have analyzed the waters, and there is little difference in their conclusions. They agree they contain lime, silicates, magnesia, alum, soda, potash, iron and traces of some other properties. I am indebted to Prof. Owen, late State Geologist (and a near kinsman of the illustrious Robert Dale Owen), for a quantitive analysis recently made:

Silicate with base.	Bi-Carbonate of lime.
Bi-Carbonate of magnesia.	Alumina with oxide of iron.
Carbonate of soda.	Carbonate of potash.
Sulphate of magnesia.	Chlor. of magnesia.
Oxide of magnesia.	Sulphate of lime.
Bromide, a trace.	Organic matter, a trace.

The waters are thoroughly impregnated with free carbonic acid. In June, 1858, I made a partial examination of the waters of the Hot Springs, by boiling down one and a-half gallons of the water, and found the contents approximately reduced to one gallon, as follows:

	Grammes.
Organic matter, combined with some moisture,	1.16
Silica, with some sulphate of lime not dissolved by water	1.40
Bi-Carbonate of lime	2.40
Bi-Carbonate of magnesia	0.50
Chloride of potassium	0.04
Chloride of Sodium	0.218
Oxide of iron and a little alumina	0.133
Sulphate of lime dissolved by water	0.350
Loss—Iodine? Bromine?	0.053
TOTAL	6,254

The waters are mostly celebrated for the cure of rheumatism and syphilis; though there is scarcely a known disease but some physicians here claim they either eradicate or remedy. Every difficulty caused by disorders of the blood can no doubt be assisted by their use. I have observed several cases of acne and eczema remarkably benefited. Neuralgic affections are frequently assisted, if not absolutely cured. I doubt if the springs should be resorted to by consumptives, unless simply for the exhilarating climate. The waters are interdicted in cases of lung complaints, and whenever conditions of the system render excitement of the circulation inadvisable. I have understood acute rheumatism is rarely benefited, and frequently such patients are materially injured. As a general thing, invalids suffering from the usual phases of rheumatism, obtain wonderful aid. Many cases I have observed during my brief visit, as they have been detailed to me, are almost beyond belief. In regard to the cure of syphilis, for which the springs are especially famous, much can, no doubt, be done *pro* and *con*. Of late years the excessive use of mercury and potash, in connection with the use of the waters, has had the effect to lessen the cures which, perhaps in earlier times, were effected. Twenty years ago, at the most, there was but one physician here, and no drug stores Now the number of each is legion.

With the thousands of syphilitics who resort here, I am persuaded there is more mercury used in this little town a year than in the entire city of New York. Malignant cases, displaying the effects of the foul disorder, in the most

marked manner, are helped by the simple use of the waters, or with little medicine assisting, without exception. The eruptions invariably disappear, and destruction of the members are immediately checked. It would seem to me that in benignant syphilis, or where the disease has a tendency to constantly recur, but in such a trivial form it is difficult to detect it, more difficulty is experienced. Eradication, under any circumstances, I feel certain rarely occurs in six to eight weeks' treatment—the average time patients remain. And yet, it is only in exceptional cases that it is prudent to remain beyond that time.

Patients should either return a second time, at the interval of six months or more, or upon returning to their homes, place themselves, for the completion of the cure, under the care of an intelligent physician, who is capable of recognizing the progress already accomplished. There is probably two to three thousand invalids here constantly, and of that number, full one-half are under treatment for syphilis in some form or other. You might judge from this the tone of the place from the character of persons frequently effected in this way is probably of a low order. But such is not the fact. Some of the resident population could be very much improved, and a few gamblers may be numbered among the visitors, but a large proportion of the people I find here are intelligent, refined, and most agreeable. As a resort for ladies, the springs are increasing in favor, and that in many complaints peculiar to them, the use of the waters have a remarkable effect there can be no question. Uterine diseases, as a class—especially leucorrhœa—are very successfully treated. Many hotels have bath-houses connected with them, having separate apartments for ladies.

My confidence in the future of this place is very great. Ten years more will give it a permanent population of ten to fifteen thousand, and the annual number of visitors, including patients, will doubtless average six to seven thousand. Two things are operating very much to the injury of the place, though even these cannot stay its progress. I refer to the rich and bountiful tables set at several of the hotels, and to the *massive* use of medicines. In former times the simple diet depended on, was deemed the most powerful adjunct in securing recovery. I have recommended the construction of a block of buildings where sensible patients could go and order such food sent to them as their physicians might permit. The adoption of some such place is among the certainties of the future. In some instances a little medicine may be demanded, but in a majority of cases the bath, either alone or accompanied with the vapor, and perhaps with the pack, will be found sufficient.

I found here two homœopathic physicians, Drs. J. B. Brooks and L. J. Ordway, both standing deservedly high. They were both of the Class of '64, one of the best classes your College ever turned out. As I have occasionally stepped into their office, it has been a great pleasure to see their diplomas, thus recalling the names and memories of my far-distant home in the East, bearing the handsome signature of William Cullen Bryant, as president, and attested by Ex-Mayor Hall, as secretary, and my dear friend, Dr. Egbert Guernsey; also by Drs. Beakley, Ward, Barlow, Carmichael and others. They are enthusiastic over the curative powers of the waters, maintaining they have a direct action upon the ganglionic, vegetative and nervous systems, affecting especially the osseous, mucous, fibrous and cutaneous tissues and the lymphatics. I have no hesitation in commending them to those who propose to test the value of the waters, or desire to obtain full information of their properties and specific action. Before closing this hasty letter I desire to correct the impression which prevails in the North, that fall and spring are the only or the best times to resort to this place. All physicians are agreed that the summer affords perhaps the most inviting season to obtain rapid improvement. You will be surprised perhaps to learn that the heat is rarely excessive, while the nights, without exception, I can assure you, are cool enough for good substantial blankets. I shall return to New York the 1st prox., when I will lay before you fuller details of the springs.

HEMORRHOIDS—THEIR MEDICAL AND SURGICAL TREATMENT.

BY JOHN BUTLER, M. D.

Hemorrhoids generally commence by enlargement of the veins in the vicinity of the anus, caused by portal obstruction, local pressure from impacted fœces, continued straining at stool, local irritation from an acrid vitiated state of the secretions, etc. As the disease progresses the veins become varicose, the valves obliterated,

inflammation sets in, the blood in the diseased vessels coagulates, the coagulum becomes organized, plastic lymph is effused into the surrounding areolar tissue, the mucous membrane becomes hypertrophied and remains in a state of acute or subacute inflammation. This pathological condition then constitutes the disease known as hemorrhoidal tumors or piles. These piles may either be situated at the verge of the anus above or below the sphincter muscle, or two or more inches within the rectum; may bleed, or may not. They have been classified according to their situation above or below the sphincter, into internal and external piles; the former have been again subdivided into blind and bleeding piles. They are also described according to their shape, viz.: the globulur pile and the longitudinal pile. Now these classifications may suit the school from whence they emanated very well; but of what earthly use are they to us homœopathists? Not one of the divisions described *per se*, indicates a remedy, or gives any indications for treatment whatever.

I have therefore taken the liberty in this paper of dividing the onward course of the disease into different stages, according to its progression; not meaning to say however, that any shape of itself indicates a remedy, but intending to draw dividing lines in the progress of the disease, where remedies will generally effect a cure, where they will ameliorate and sometimes cure, and where surgical interference becomes necessary.

1st. The stage of enlargement or blood stasis in the veins of the areolar tissue of the rectum, in the vicinity of the anus, with perhaps varicosis. This stage is one of general discomfort to the patient. A local examination reveals extreme turgescence, tenderness, enlargement and fullness of the veins, which are soft, however, and easily emptied by pressure; increased mucous secretion, or else a dry burning condition of the part.

One of the following remedies will generally be indicated, and will almost always effect a cure:

Aconite is indicated by general feverishness and restlessness, dryness, pressure and engorgement in the anus; and with an enema to clear the bowel will often be all that is needed.

Hamamelis.—A raw, sore feeling in the anus, fullness of the veins, pain in the back, *as if it would break*, but without any general fever, increased mucous secretion, *with or without hemorrhage.* A local application in conjunction with the internal administration often gives very prompt relief.

Collinsonia.—I have many times relieved the sensation of sand in the rectum with a single dose of this remedy. These are by far the commonest remedies to be prescribed in this stage of the disease, but the subjoined will often be required, either to relieve the immediate trouble, or to combat the causes which predispose to the engorgement, and will not generally be indicated by any local symptom, but will have to be selected by some characteristic symptom apparently perhaps unconnected with the disease. I give them in the order of the comparative frequence with which I have had occasion to use them in my practice: *podophillum, sulphur, nux vomic., ignatia, pulsatilla, bellad., graphites, calc. carb., æsculus.*

The second stage is one of inflammation, coagulation of blood in the diseased vessels, plastic infiltration. In this stage much may be done with appropriate treatment, and often a cure effected. The remedies mentioned above are the ones generally required, with the addition of *aloes, arsenicum, hydrastis, lycopod., causticum, antim. crud., platina, sepia* and *colocynth.*

A thorough clearing of the rectum by an enema of tepid water, in which the indicated remedy may be dissolved, gives the patient immediate relief; and in my humble opinion, no case of hemorrhoids, in any stage, should be treated without the use of this valuable adjunct, repeated frequently, as long as there is any suspicion of scybalæ remaining in the rectum. Most frequently, however, as the inflammatory action of this stage subsides, the lymph effused in the areolar tissue and the clot in the affected vessels become organized, and the mucous membrane thickened; well-defined tumors are thus formed, which remain in a state of subacute congestion, ready to become again acutely inflamed upon the slightest provocation. This condition may be called the *3d or chronic stage.* A local examination will often reveal a red or bluish-red granular tumor or tumors protruding below, or partly below the sphincter, varying in size from a currant to that of a small tomato; sometimes exquisitely tender to the touch, frequently ulcerated. Examination by the speculum generally finds several other tumors higher up within the

bowel, which often bleed freely, unless the examination be very carefully conducted.

We can by remedies always relieve the patient from the pain, tenesmus, hemorrhage, and other symptoms from which he suffers. We can even cause the tumors to shrink in size, and remove the predisposition to others forming, making the sufferer's condition more bearable; but can we cure the tumors, and make them disappear by any known remedy? No. They will remain in spite of any medication; always threatening to again become a source of agonizing torment to the patient, upon the slightest error in diet, or a few days constipation, or getting the feet wet. or the smallest indiscretion of any kind. One of the remedies mentioned above will be needed, or else, one of the following: *nitric acid*, *muriatic acid*, *hepar sulph.*, *mercurius*; as also unguents of *æsculus hip.*, *hamamelis*, *hydrastis*, etc. The use of the enema in which some dilution of the appropriate drug is dissolved must not be forgotten. But when we have done all we can with our remedies, surgical interference becomes necessary. Different modes of operating are extolled by various authorities. The principle ones are: *excision*, *removal by the ecraseur*, *ligation*, *escharotics*, *injecting the growths with persulphate of iron*, *galvano-cautery*.

The *modus operandi* of these methods, except the last mentioned, are given in full in the various text books on surgery, and need not be described here. We will however discuss seriatim, their points of usefulness, and their objectionable features.

1st. *Excision.*—Only applicable to external hemorrhoids, and is never thought of by any good surgeon as a means of removing internal piles. It is very seldom that we meet with external piles without on further exploration finding internal ones also. When we do, there is no objection to excising them, it generally rids the patient of the trouble, and rarely gives rise to any ill effects.

Removal by the Ecraseur. This method is practised by many of our first surgeons. The objections to it are, that we are liable to drag into the instrument a large portion of the surrounding mucous membrane, or we may have secondary hemorrhage. It is of course only applicable to internal hemorrhoids.

Ligation is perhaps the commonest method in use for the removal of internal hemorrhoids, but can only be used when the piles are not quite sessile and imbedded in the mucous membrane. It is objectionable from the fact that the operation may be followed by retention of urine, phlebitis, pyæmia, or septicæmia.

Escharotics should never be used for the destruction of piles, for should we succeed in destroying the hemorrhoids, (which is by no means always the case,) we may also destroy a large portion of the surrounding healthy tissue.

Injecting the substance of the tumors with persulphate of iron was first suggested and practised by Dr. Pattison, of London, and in his hands seems to have been very successful, but in the hands of others it has failed; and in one case upon which I tried it was only partially successful, as only a portion of each growth was destroyed. It is moreover an extremely tedious operation, and by no means painless, as Dr. Pattison lays down, except to the operator. Discussing these operations seems to me like rummaging among the relics of past ages. They were all very well in their day, like dipping the stump of an amputated limb into boiling pitch, when we could do no better. *Requiescant in pace.*

The removal of hemorrhoids by the galvano-cautery is entirely free from any of the objections attending the operations above mentioned, and is now universally admitted to be the only absolutely safe and certain method of operating upon the disease in question. I have never known or heard of any ill effects following its use. Of course in the hands of a tyro in electro-surgery, we may have trouble from awkward handling of the instruments, such as burning of the adjacent parts by radiation, or even by direct contact, but in the hands of a skillful operator nothing of the kind can happen. There is no danger of phlebitis, pyæmia, septicæmia, or hemorrhage, as the operation hermetically seals the veins, and for a time disables the absorbents. We can control the action of the cautery instrument with the same precision that we can the knife, and the ulcer left heals speedily. The mode of operating is as follows:—

The rectum having been cleared by an enema, the patient is placed upon the operating table in a position most convenient to the operator, and anæsthetized. The sphincter is then to be forcibly dilated, so as to paralyze it for several days.

This is done with an instrument made for the purpose, or better still, with an instrument *not* made for the purpose—that is, with the operator's thumbs, both of which are to be inserted into anus nail to nail, and forcible traction made in the direction of the tubera ischii, stretching the sphincter with all the force possible, and holding it in this position for some minutes. This process will render the muscle sufficiently powerless not to interfere with the process of cicatrization. The next step of the operation is to seize the piles with a polypus forceps, and make gentle traction on them, bringing them if possible below the sphincter. This is easily done if the hemorrhoids are large, pedunculated, and close to the verge of the anus, and together. Should such be the case, they may be encircled in one loop close to their attachment, the loop heated, tightened, and all severed together. Should, however, the hemorrhoids be far apart, but still of such a shape as to permit each one to be embraced by a loop, it is better to introduce a fenestrated speculum, with the fenestrum large enough to allow one tumor to protrude through it; this may be operated upon with the loop, and in like manner each one in their turn until all are removed. But should the hemorrhoids be sessile, imbedded in the areolar tissue, or of such a shape as to render it impossible to ensnare them with the cautery loop, we must then pierce them in several places with a sharp-pointed cauterizer to destroy their vitality, which it most effectually does.

After the operation I generally dress the parts with calendula, hydrastis, or other cerate, or with a lotion of carbolic acid and oil, and do not allow the bowels to move until the parts heal, which they generally do in about eight or nine days; but this is influenced somewhat by the amount of tissue destroyed, the condition of the patient, and the skill of the operator. The points to be observed in operating are: 1st, to apply the loop snugly around the diseased tissue before heating. 2d, to tighten slowly, so that the mechanical action of the tightening loop may not interfere with the cauterization. 3d, to protect the adjacent parts from radiation, by means of cotton wool, which may be moistened if necessary. 4th, when operating on large growths which can be drawn below the sphincter, a thick wire is best; but when the loop has to be introduced within the rectum, especially when several piles have to be removed separately, as fine a wire as possible (say No. 23 Stubb's gauge) is preferable for obvious reasons. 5th, when the pointed cauterizer is used, it must of course be fully heated to a bright red heat (not white) before applying it.

PODOPHYLLUM PELTATUM, AND ITS USE IN THE DISEASES OF MALARIOUS REGIONS.*

BY WM. A. ALLEN, M. D.,

It is perhaps not well understood what constitutes malaria. Various theories have from time to time been advanced, and, seemingly well sustained, have been received by the inquiring minds of men of science and the medical profession generally, until more extended research and unlooked for developments have proven their fallacy. We know that in localities where there are warmth, moisture, fermentation, and rapidly decaying vegetation, its influence is always exerted. These conditions are most frequently met with in the vicinity of moist meadow land, fresh not salt; in street gutters, cellars, waste pipes and sewers. The upturning of heavy soil is often followed by the appearance of miasmatic diseases, but if a row of trees or shrubbery intervene between the ploughed ground or the meadow land and the place of habitation. the evil effects do not result—indeed, trees seem to be among the most valuable agents for preventing the spread of miasm.

A writer of the *American Garden* asserts that Paris has now so large a number of parks, and its streets and boulevards are so profusely planted with trees, that the death rate has thereby been reduced from one in thirty-four, as it formerly was, to one in thirty, as it now is. But trees are also of service in shading gutters and roadways, thus retarding and preventing the action of the sun in producing noxious fermentation. The roots of the trees take up large quantities of such matters as are washed by the rains into the interstices of the pavements. Miasma is not discoverable by means of chemical analysis. All European travelers know that a ride over the Pontine marshes after nightfall is almost certain to be followed by a malarious fever peculiar to that region, and yet analyses of the air of that section, made under government orders, by the most celebrated and reliable chemical experts, have failed to detect impurities. The same is true of malarious places in this country. It seems to be a vapor breathed into the lungs which causes the illness, and yet water is as capable of acting as the conveyancer as is air, and produces the same results. Query: Does malaria arise from infusoria, generated by warm, moist and

*Read before the King's Co. Med Society, March, 1876.

decaying vegetation, and introduced into the human organism by means of air, water or food?

Miasmatic regions have a class of diseases incident to them which predominate, and not only this, but whatever form an illness takes, there are in these localities certain concomitant and associate symptoms which would not exist were the patient in another climate. If a practitioner located in a malarious region follows the advice of many medical authors, and gives to the sick person the remedy advised by them as most suitable in such a case—in other words, if he treats the disease as a disease, disregards the presence of the noxious influence, and slights his symptomatology, he will never be successful in practice, will constantly commit errors, do positive injury, and bring homœopathy into at least provincial disgrace.

In these miasmatic districts, bilious, bilious-remittent, intermittent, and at certain seasons of the year, remittent with typhoid symptoms, typhoid fevers, icterus and affections of the liver and spleen are prevalent. Diarrhœa, dysentery, tonsillitis and catarrh frequently have attendant malarious traits.

What symptoms are properly attributable to malaria? Dullness of intellect, dizziness—the person cannot trust himself to look down from a height—frontal headache, dull pressure in the frontal region with dimmed vision. The sclerotic tunic of the eye is of a yellowish hue, particularly in the region of the inner canthus; objects have a blurred appearance, burning in the eyes. The complexion is sallow, and especially the icterus is of a bright yellow color, differing from the almost characteristic straw tint of carcinoma, and often being in patches. The tongue is coated, not a brown, but a yellowish brown, which is not shiny. Sometimes in intermittents, however, the coating is smooth, white and glistening. The mouth has a sour taste. There is no appetite, but a loathing of all food. Eructations of wind are frequent, and there may be bilious vomiting with retching. In the right hypochondriac and epigastric regions there is sharp pain, often extending up under the scapula, or more frequently a sensation of heaviness and fullness, with swelling. Diarrhœa, with bearing down and burning in the rectum; mucous dysentery with prolapsus ani; the discharges are of a greenish, bilious appearance. Obstinate constipation; the bones all ache; there are fever, perspiration, full pulse, with congestion of blood to the head; chill, followed by fever—fever coming on at night; an hour of chilliness followed by an hour of fever, such a succession obtaining through the whole twenty-four hours.

I will not occupy the time longer with these, and no doubt other, symptoms which are familiar to us all. They are some of those which I have particularly noticed in my own practice. Perhaps I should however call your attention to the fact that the nausea, fullness of the head, with vertigo and diarrhœa, have been observed to have been usually present in the morning on arising, if at no other time, and that the constipation followed the diarrhœa.

If these exist, what is the remedy? Some would suggest *puls.*, *nux.*, *merc.*, *ipecac*, etc., but I believe none so well indicated as the *podophyllum peltatum*—the mandrake, the May apple. During my first year in practice I followed another motto than that of similia, and I was successful in removing these symptoms with a pill of the resinoid—the *podophilline*. After discarding the theory, and starting afresh under homœopathic auspices, knowing that whenever a true cure was effected it was in accordance with the law of Hahnemann, for these symptoms the use of the podophyllum was continued from the first to the two hundredth potency, and it has, without a single exception, done its work well. In Hull's Jahr and in Hale will be found provings of the drug, that in the latter work being far the most satisfactory. The symptoms correspond almost exactly with those produced by malarious influences in this climate, and indeed it seems to stand almost alone as the remedy applicable. Between these authors at least, one point of difference exists, viz.: Jahr gives the constipation and the fullness in the right hypochondrium as primary symptoms, whereas they are, as stated by Hale, secondary. A member of the allopathic school—Webster, defines "allopathic" as "pertaining to the ordinary mode of medical practice," a definition which, so far as the term "ordinary" is concerned, we, by our successes and advances will try to have changed before many more editions have been issued.

A member of that school says that the drug is sometimes tardy in its operation upon the bowels, not acting under eighteen or twenty-fours, and frequently it will operate more freely during the second twenty-four hours than during the first.

A number of cases of obstinate constipation, with colored eye, sallow complexion, nausea, fullness in the right side, have been cured by the remedy, and this effect has been observed. In such cases a single dose of the second attenuation has been administered, the following day the bowels moved, and the second day free discharges were obtained.

In fevers of a bilious nature it can hardly be dispensed with. I have been in the habit of using it during the time that there was little or no fever, every two hours, or when the patient is better, every three or four hours, and when fever, of stopping it and giving *aconite*, *gelseminum*, *bell.*, or some other then indicated remedy. When no more or but little fever, the *podophyllum* has been resumed. If constipation, the second or third has been given, and if diarrhœa of a bilious nature, the thirtieth, or more frequently the c. c. The temperament of the patient is also to be considered in choosing the potency.

In intermittent fevers I have not given it—at least so far as what allopathic authorities would call "its anti-periodic" influence is concerned—a thorough trial.

Several cases of alternating heat and chill, the hour of chill and hour of fever before spoken of, with sallow complexion, pain in the frontal region, with nausea, have been cured by it, and in almost every case I have given it, as Hale says, "for the purpose of correcting the condition of the liver, and thus removing the obstacle to recovery." That done, I have used the proper remedy, and often after the periodicity has been obviated, have resumed the *podophyllum* to ensure a permanency of cure, for if a person is bilious, he is in a condition favorable to an attack of intermittent fever.

In diseases with typhoid and malarious symptoms combined, the remedy must be used with great care, and then in the higher dilutions. These are particularly indicated by the appearance of a yellowish, brownish diarrhœa, with heat through the abdomen, and bearing down.

In icterus it should be considered a most valuable agent. The constipation and yellow hue of the skin almost immediately begin to disappear, and the patient soon recovers. In one quite marked and severe case, the man was ill but five or six days, no other remedy was administered.

In congestion of the liver, I seldom prescribe any other drug, and in the diarrhœas and dysentery of this region, particularly in dysentery with prolapsus ani, when indicated, it always acts efficiently and promptly. People frequently complain of dizziness in the morning on arising, with headache and nausea; *podophyllum* will remove the unpleasant symptoms.

During the past two years I have had a large number of cases of tonsillitis, some of them very severe, with much exhaustion, depression, and sometimes deep ulceration. Many miasmatic traits have been present—nausea, headache, aching in the bones, coated tongue, yellow eye, constipation. The disease is certainly both epidemic and contagious, and I have found more malarious symptoms than are usually associated with it. *Merc. bin.*, *iod.*, *bell.* *Merc. cor.*, *lach.*, *bap.*, and *lycop.*, have been the remedies most frequently used, but *podophyllum* has, in almost every case, been given at some period with much benefit. It produces sore throat, commencing on the right side and going to the left; painful swallowing of liquids, soreness extending to the ears.

I wish to call your attention to a partial proving of the remedy, so far as a few symptoms are concerned.

Mrs. H. V. had been quite ill with bilious remittent, *podophyllum* was indicated and administered for several successive days—sixth potency—a few pellets in one-half glass of water, a teaspoonful every two hours. She improved rapidly under the remedy, but at the time of my fourth visit complained that after each teaspoonful of the medicine which had been taken since I last saw her, she had felt much worse, had been attacked with nausea, fullness in the frontal region, dizziness, and a burning sensation in the larynx and under the sternum, extending its whole length, as though, as she expected it, she "had swallowed a lot of Cayenne pepper." The two-hundredth in solution was substituted for the sixth, and given every three hours as long as required, but produced no medicinal aggravations.

An obstinate case of chronic urethritis seemed at last to yield to treatment, and the patient was pronounced well. In a week from that time he returned, stating that the gleety discharge had re-appeared, and that there was a burning sensation in the region of the fossa navicularis, especially after urinating. Upon making inquiries, I learned that three days after having been dismissed, without my advice, be assured, he had taken several *podophylline* pills, which produced free catharsis and other characteristic symptoms. The burning after micturition and the discharge must have resulted from the drug, and should I have a case of gleet in which this medicine is indicated, I shall certainly administer it.

I also intend prescribing it in the higher potencies, never having given it above the two hundreth, excepting in one instance when the five-thousandth was used, and expect to be successful with it.

I hope this comparatively newly developed remedy will be given a thorough trial whenever it is indicated, for I believe it to be one which fills a niche in our materia medica too long vacant, and that it will, by its successes, amply repay any investigations which may be bestowed upon it.

Clinic.

CASES OF CONSERVATIVE SURGERY, WITH EXPERIMENTS AND OBSERVATIONS ON ANAPLASTY OR SKIN GRAFTING, ETC., ETC.

BY C. H. VON TAGEN, M. D., CLEVELAND, O.

M. S., a young man aet. 23, unmarried, dark complexion, employed by the Lake Shore and Mich. Southern R. R., sustained an extensive contusion and laceration of left thigh and hip, on the 25th day of December, 1875. The thigh was severely injured upon both anterior and posterior surfaces, the most serious of the two wounds was on the dorsum of the limb. All the soft parts embraced within these two regions had evidently been more or less implicated, and a large portion reduced to pulp; fortunately the thigh bone escaped.

The accident occurred at Norwalk, Ohio, and at the time the case passed into the hands of the railroad physician located there, who, it appears, was assisted by one or two of the resident physicians of the town. They continued their attentions to the patient for about one week, and then, as the case assumed serious proportions, they called upon the railroad authorities for further professional advice, and being in the employ of the company, I was summoned to proceed to Norwalk to take council on the case, which I did. On my arrival there I saw and learned that the case was an abandoned one, and before I left was confessedly so.

I found the young man in the following state: General condition, one of extreme prostration, pulse 150, and small; intense thirst, but could not retain any thing, scarce water, the stomach repelling every thing taken. The skin was hot, parched and dry; extremities cold, chills had set in; conjunctiva of yellowish or icteric tint. Tongue was dry and brown, in fact rusty-looking. Cadaveric loose stools passed involuntary for a day or two prior to the period in question; urine scant and very high colored. Hebitude of countenance, quick and hurried breathing, and a sweetish or saccharine odor of the breath. The atmosphere of the room in which the patient lay was strongly impregnated with the effluvia of gangrene, every thing in fact betokened a speedy dissolution.

Examination of the injured limb revealed a more or less swollen condition, the entire thigh from the knee to the crest of the illium was immensely swollen and tumefied, but particularly marked was this condition between the knee and hip. Two extensive gangrenous and sloughing wounds, or rather chasms, were found on both surfaces of the thigh, anteriorily and on the dorsum. The more formidable and threatening of the two was on the posterior aspect, and this extended from the popliteal space below to the tuberosity of the ischism above, and measured full fourteen inches in length. The enormous and swollen condition of the thigh gave a width and gaping depth to the opening of the wound of almost appalling proportions, measuring seven to eight inches in depth and seven inches in width at the mouth of the wound. This chasm was one sloughing, putrid mass, emitting an odor of an intolerable and pungent character, that it became an imperative necessity to deodorize not only the patient, but likewise the atmosphere of the entire room. When cleansed, and the debris was removed, it was found to extend to the femur, which bone was literally bathed in the kind of material just referred to, and together with the femoral sheath, were laid bare; the former to full view for a distance of nearly six inches. A close and careful examination revealed undermining and secret recesses, into which the gangrene, which is its invariable custom to do, sought entrance, and these required the free use of scissors and knife to expose to view, which served to cause the parts to present a ghastly, somewhat terrible aspect. In fact the contiguous parts of buttock and sides of the entire thigh were completely honeycombed with such invasions. Twice during the dressing of this portion of the injury the patient almost swooned, and gave evidence of great prostration, for which a judicious use of stimulants was made, and this served to revive him. After thoroughly cleansing the parts of all offensive portions, as far as it was safe and prudent to do, with instruments, a generous and free application of *bromine*, f℥ 1 to water f℥ viij, was applied to every chink, nook and bared surface, by means of a glass syringe. This application corrected at once the putrid odor of these portions of the wound; nearly two hours were thus consumed.

Attention was now given to the wound on the anterior and outer surface, and this, though not so formidable nor deep in its proportions, still

was of a very extensive character. Here, too, the gangrene had made great havoc, and had penetrated beneath the first layer of muscles. This wound was dressed in same manner, and treated with *bromine*. The extent of this wound by measurement was 4½x9 inches, and involved the rectus, vastus externus, fascia lata and integument located above all these. The entire dressing consumed over three hours, with four assistants, and required, from the knee to the hip, over 12 yards of 3½ inch bandaging to envelop the thigh, which will convey some idea of the enlarged proportions of the injured part. The patient now passed into a slumber, apparently from sheer exhaustion, after taking and retaining a glass of milk punch. At the close of the dressing the patient's pulse had diminished in frequency, some eight to ten beats per minute. He lay most of the night dozing and waking, during waking spells a dose of *arsenicum* was administered occasionally throughout the night, and early the following morning he awoke and asked for nourishment, which he took and retained. At six A. M. next morning a second dressing was made, the same as on the previous evening. On removing the dressings, a marked difference in the odor and appearance of the wounds were noted, and commented on favorably by those who were present on the previous occasion. The patient looked brighter and more cheerful, had no involuntary passages throughout the night, pulse 140 and fuller, skin less hot and dry, thirst diminished, hands and feet not so cold, and all he took as nourishment was not only retained but relished. Being now obliged to return to Cleveland, the case was left in charge of the company's physician at Norwalk, who declined assuming any further responsibility of the case. On the second day following my visit, and the tenth day succeeding the accident, the case was carried to Cleveland by order of the railroad authorities, the distance being seventy miles.

By dint of great care and judicious use of stimulants, the patient bore the fatigue of the trip and survived it, and was received into the hospital at Cleveland. Upon glancing over the case I found the dressings had not been disturbed since the second and last one made by myself, some forty hours or more prior to this time. The consequence was that the gangrenous process had time to gather force and heading, as was evident upon removing the dressings. Some three hours were consumed in cleansing, trimming, treating and dressing the wounds, which was done in the same manner as already described. Many of the previous unfavorable symptoms which the patient had presented were evidently manifesting themselves, and had been apparent during the twenty-four hours preceding his arrival in Cleveland, as was stated by those who were with him. All these began to abate again as soon as the gangrenous process was checked, which was done by the use of the *bromine*, the remedy being now used internally as well as locally.

As soon as the patient's condition and state of stomach would permit, he was put upon a generous and stimulating diet: first of a fluid form, then followed with a more substantial diet. The treatment was thus conducted, only with the exception of a change of internal remedies. *Belladonna* being given at one period to control a subsultus condition of the muscles of the injured limb, which annoyed the patient very much at night for some three weeks or more, but yielded finally. *Hepar* was likewise used, to control profuse suppuration and to assist granulations.

I will here take occasion to relate a rather singular condition, which manifested itself upon the inner side of the injured thigh. The patient complained on several occasions during convalescence of an uneasy feeling along the inner margin of the left thigh, and neighborhood of the wound in front, and when on several occasions examination of the part was made, there could be nothing elicited that would account for the trouble complained of, except some undefined swelling; a few days later fluctuation could be discovered. A free incision was now made, in a line with the limb, and there escaped some sixteen or eighteen ounces of a clear amber-colored fluid, not unlike urine in consistency and appearance, followed toward the last by a salmon-colored flocculant-looking debris, neither possessing any odor whatever of an offensive or pus-like smell. The cavity closed up gradually, and the swelling disappeared.

Under daily and careful dressings, due attention being paid to hygiene diet, etc., the latter being of a generous and moderately stimulating nature, the patient passed on to speedy recovery with a useful limb.

He entered hospital Jan. 1st, 1876, and was discharged March 28th, 1876, when he reported for duty at his former post.

Some difficulty, it is proper to state, was experienced in obtaining tegumental covering for the extensive abraded surfaces on both sides of the thigh. This was finally accomplished by means of persistent and repeated grafting of small portions of healthy skin into the granulating and denuded surfaces. In a majority of the insertions made successful results were obtained, and islands of new integument could be distinctly seen, and if watched from day to day, there would be noticed visible increase in the area of the same. Some of these grafts appeared to shrink away after four or five days had elapsed after their insertion, but later, distinct little germs could be seen with a re-appearance of the graft shortly after, as was clearly proven by the fact that a vigorous patch of skin ultimately formed at more than one central point, which would reach out and develop, until finally the entire surface was closed over. I have been thus agreeably surprised to see what I fancied was a fruitless effort eventuate in a brilliant success. I would therefore suggest to my readers to remember this little experience, and not despair because they do not see immediate results always follow their efforts in this direction, for I can safely assert here that I have thus covered in some vast and denuded spaces, wherein all other known means had failed. Anaplasty is the term used to express this method of operating, and before closing on this subject, I desire, for the benefit of the inexperienced, to lay down some simple rules necessary to regard in order to ensure success.

The graft should come from a vigorous and robust person, and its size need not be larger than a pin-head, and the best locations to procure from are the inner sides of the thigh, palmar aspect of arm or forearm and calf of the leg. The grafts may be taken from the patient if in a healthy condition. A keen edged pair of scissors and a pair of fine rat-tooth forceps are the instruments best adapted for the purpose. A very small fold only is necessary, and sufficiently deep only to include the basement membrane of the skin, and it is not essential that the areolar tissue and fat should be included in the grafted fragment. It is necessary that the soil or denuded surface into which the transplantation is made should be healthy and vigorous. Experience proves that it is not necessary that any incision be made for the reception of the graft, but that the cut surface of the graft and the granulating sore be brought into direct contact, and thus secured for a period of two to three days, this can be accomplished by making a very small compress, well pressed, of fine carded cotton, and then applying the same over the graft; over this draw a plaster strip, long and wide enough to cover in and traverse the abraded surface, and to reach sound integument at either end, so as to gain firm foot-hold. At the termination of the third day this may be removed, and all things being equal, the graft will be seen quite firmly adherent. The grafts should be inserted about an inch apart, and the first should be about an inch from the outer border, as that appears to be about the limit that an ordinary graft attains. Rest and quietness is at once obvious to obtain success, particularly if on the extremities the plan is being tried. Even should the grafts disappear to view, as they sometimes appear to a few days following the insertion, or float away during the washing and dressing of the wound, a careful and critical inspection some days later will reveal a delicate white or pearly spot, and this, from day to day, if not rudely brushed away or aborted, will become more apparent, and finally assume an island or patch, and develop into new integument, which will grow most toward the nearest tegumental margin. In about a week's time after the apparent disappearance of the transplanted graft, the early indication just noted may be observed. A line of grafts arranged as herein directed, as they develop and grow, will be inclined to coalesce, *i.e.*, grow toward one another, when these combine they will form and establish themselves in line of their transplantation, and thus an isthmus, as it were, of integument will be formed.

It has been the writer's privilege to see acreages of considerable denudations of integument resulting from severe burns, contusions and lacerations of crushing railroad injuries fully covered in by this method. When wholly completed, this new production bears much the appearance of ordinary cicatricial tissue, being, like it, destitute of hair follicles, sweat and sebaceous glands, but is more elastic and softer. Patches of integument as large as five or ten cent pieces were transplanted, but have not, thus far, proved as

successful in my hands as the small and numerous ones, the larger pieces are apt to slough, or die away. I have tried the still simpler plan of Mr. Fiddes, of England, which is that of scraping the epidermic with a dull-edged knife, and scattering the scales as they fall, over the abraded surfaces, but cannot as yet speak confidently upon this point. I am at this present time engaged in a series of experiments agreeable with this last suggestion, and will report the results in due time. I am also testing the grafting process along with it on different portions. It has been noted by one experimenter on this subject that grafts of muscular tissue encourage the development of new integument on denuded surfaces.

Various are the theories that have been advanced in explanation of this most remarkable process, the most reasonable of which appears to be that the cell structure of the epithelium which is contained within the graft takes root and germinates in the granulations in which it is planted, and there finds a congenial soil to develop in contracting new and vital force, by which they are enabled to construct, multiply and endow other cells of the same or similar nature, until organization is more or less complete.

PERSONAL EXPERIENCE IN THE USE OF SALICYLIC ACID FOR THE CURE OF ACUTE RHEUMATISM.

BY JOHN H. THOMPSON, M. D.

FEBRUARY 23d, 1876, I was seized with influenza which confined me to the house. The feverishness lingered although several remedies were used, and on the 28th quite a severe attack of rheumatic fever was developed. I was prescribed for by Prof. Helmuth, and rubbed by Dr. Fleming. From both treatments much benefit was derived, yet there remained severe pain in the left knee joint, and at the lower ends of the second and third metatarsal bones of the left foot, there was also a very sensitive spot on the external condyle of each humeri, these caused so much suffering that I was incapacitated for business, and unable to walk one-fourth of a mile. All the pains seemed to be periosteal.

After reading an article (from the *Berliner Klinische Wochenschrift*) on the "Rapid Cure of Acute Rheumatism with Salicylic Acid," in the clinic of Prof. Trube, where fourteen patients had been treated with uniform success, I made up my mind to try it, and believe I am the first in this country to have taken it in large doses.

Accordingly I had ten wafers prepared, each containing 7½ grains of Von Heyden's pure salicylic acid, beginning at 7.30 A.M., March 21st. I took the whole seventy-five grains in fourteen hours, and succeeded in effecting a complete cure, not having suffered from any rheumatic pains since.

The following symptoms were perceived after taking the acid:

Tinnitus aurium, with a feeling of inability to hear, although the hearing was not impaired during the first day, and continuing about two days. Two days after the last dose was taken I had a great desire to put my arms over my head before rising, this *desire* entirely passed away after three or four days. There was also a feeling of fullness, and a repugnance to taking the remedy during the latter part of the day, but this I attributed to the substance of the wafers. No unpleasant feeling about esophagus, stomach or bowels, and no effect was produced on the alimentary canal.

THE BROOKLYN HOMŒOPATHIC DISPENSARY, 178 Atlantic street, has been transferred to the hospital in Cumberland street, where enlarged accommodation will be furnished in the new wing now being erected. This addition will increase the number of beds in the hospital to 75. It is also contemplated to open a Children's Ward.

THE following resolution has been adopted by the Faculty of the Rush Medical College:

Resolved: "That the time and attendance of students upon Lectures of the Medical department of the University of Michigan, up to and including the last regular session of that College, may be recognized as part of the requisites for graduation in this College; but such time and attendance shall not hereafter be accepted, so long as the teaching of homœopathy, in whole or in part, shall be included in the course of study at that institution."

UNIVERSITY OF IOWA.—This institution, following the example of the University of Michigan, is about introducing homœopathy into its medical department, by the appointment of a professor of materia medica, and one of practice of medicine.

The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THE WORLD'S HOMŒOPATHIC CONVENTION.

PROBABLY there has never been a meeting of homœopathic physicians since the introduction of homœopathy, from which so much was anticipated, and for which such preparations were made, as the World's Homœopathic Convention, held in Philadelphia, in June, 1876. The amount of mental labor which was expended by some of the officers of the American Institute will never be known by the majority of the profession. The work performed alone by the president of the institute, in arranging, re-writing, translating, and correcting manuscript and proof, was simply tremendous; and when it is remembered, that thousands of letters had to be written and re-written; that all kinds of explanations had to be made; that all kinds of people had to be pleased—somewhat of the delicacy of the position, as well as the labor, may be appreciated. The onerous work of the secretaries, and the extra care bestowed on the varied papers, will render the transactions, when they appear in print, decidedly the most valuable contribution to homœopathic literature (indicating especially the progress of the school,) which has ever been published. The *printed* records of that hot week will be read and admired for years to come; but the meeting itself was not by any means the success we anticipated. This was not, in any way, the fault of the management, but from certain circumstances that could not be either foreseen or overcome. The first of these was the terrible heat. Everybody was overpowered; mind and body were enervated, spirit was lost, as well as perspiration; and with few exceptions, a sense of languor and malaise pervaded the entire concourse. Nothing that any body could say appeared to arouse the debilitated assemblage. Sometimes a feeble attempt at applause was noticed, but the handkerchiefs that were demanded immediately after, to mop the additional perspiration occasioned by the effort, forbade a second attempt.

The second circumstance that conspired to take interest from the meeting, was the magnificent "Centennial Exhibition," probably one of the greatest combinations of art, science and nature, that has ever been brought together.

The temptation to see this great array of every thing beautiful, artistic, and grand, and which can be viewed only once in a life time, took away many members. The physicians would attend the meetings of their own bureaux, or were present when those branches of medical science were discussed that were most congenial to their tastes or their views; then, "they were off to the Centennial." Indeed the marked feature in the daily attendance of the Convention, was the varied and changing audience.

There was also an absence of that general social element which has generally pervaded the meetings of the Institute, and this was occasioned by the wide separation of the places of abode of the members and guests. Some lived up-town and some resided down; some stayed at the Centennial grounds, while others lodged with friends in the city; some were registered at one hotel, some at another, and consequently, but little friendly or social intercourse could be held. We contend that it is the cultivation and extension of this intercourse that is the most grateful to the over-worked physician.

The singular manner also in which the debates were carried on, was a matter of general comment. The majority of the so-called "Debators" read an essay on the essay of somebody else. This paper was *written at home*, and frequently contained much matter, that though interesting in the natural history of medicine, had nothing whatever to do with the *discussion* on the previous paper.

The work, both mental and otherwise, which was performed for the World's Convention was enormous; the transactions will probably be the most valuable and scientific we have ever had, yet the debilitating weather, the unparalleled attractions of the Centennial, and the scattered abodes of the doctors, prevented that *brilliant success* which we hoped. There was a good meeting, and the papers read were excellent, but our anticipations of a great *triumph* were disappointed.

TRAINING SCHOOL FOR NURSES, WARD'S ISLAND HOSPITAL.

It has been a favorite idea of the Mayor and the Commissioners of Charities and Correction to have connected with each of the great charity hospitals of the city a training school for nurses, in which, in connection with their regular work in the wards, lectures shall be given every week by members of the Medical Board, upon the practical details of intelligently caring for the sick. It is not proposed to make physicians of the nurses, but so instruct them in the wards and in the lecture room that they will become intelligent and competent nurses. At the expiration of two years, with the diploma of the school in their possession, it is believed they will be eagerly sought for both by physicians and patients.

The course of lectures was opened Wednesday, August 2d, by Dr. Guernsey, President of the Medical Board, in a conversational lecture upon the mental, moral and physical qualifications necessary for a nurse.

Weekly lectures will be given by the members of the Medical Board during the summer, fall and winter, in the following order: On food, diet and cookery for the sick, Dr. Hills; nursing of surgical cases, Dr. Helmuth; air, light, noise, etc., in the sick-room, Dr. Talcott; cleanliness; its necessity, and the means of securing it, Dr. Talcott; the pulse, temperature, respiration, etc., Dr. Baner; the management of accidents and injuries in general, Dr. Minor; hemorrhage, Dr. Minor; accidents to the eye, and bandaging of the eye, Dr. Norton; syncope, asphyxia and anæsthesia, Dr. Carleton; burns, scalds and frost-bites, Dr. Helmuth; nursing in infectious diseases, Dr. Dowling; nursing in confinements, Dr. Burdick; the care and management of infants, Dr. Belcher; the management of the female breast, Dr. Demarest; nursing the insane, the delirious, the hypochondriacal and the imbecile, Dr. Lilienthal; nursing sick children, Dr. Wetmore; the skin-color, eruptions, perspiration, etc., Dr. Bacon; poisoning, and antidotes, Dr. Berghaus; the catheter, Dr. T. D. Bradford; exercise, Dr. Belcher; what to do in convulsions, Dr. Doughty; bandaging and dressings, Dr. Thompson; cheerfulness, Dr. Wood; little comforts for the sick, Dr. F. S. Bradford; warmth and ventilation, Dr. Dowling; baths and washing, Dr. F. S. Bradford; the feeding of young children, Dr. Wetmore; the diet of convalescents and dyspeptics, Dr. Currier; popular errors, fallacies and superstitions in medicine, Dr. Paine; trusses, supporters, pessaries, etc., Dr. Throop.

THE REMARKABLE DEATH RATE OF THE HEATED TERM.

The following most interesting statistical report was handed to the Board of Health of the City of New York, for the week ending July 15th. The figures are **apalling**, and remind one of the epidemics of other years. The report is so carefully prepared, that we insert it in full:—

During the week ending July 15th, 1876, there were 1,298 deaths reported in this city, being an increase of 440 as compared with the number reported the preceding week, and the highest mortality reported for this city since the week ending July 6, 1872, when the mean temperature for the week was 83.97° Fahrenheit, with a mean humidity of 75.01, saturation being 100; and the total number of deaths reported 1,569, of which 639 were from diarrhœal diseases. The mean temperature for the past week was 83.9° Fahrenheit, or nearly similar to that reported for the week ending July 6, 1872; the mean humidity was 68, or 7.01 less than the week

ending July 6, 1872, saturation being 100; the mean reading of the barometer was 29,823 inches, rain-fall 1.03 inches, and the number of miles traveled by the wind was 717. The maximum of the thermometer (shade, open air, Fahrenheit,) was 98° on Sunday, July 9, at 4 P.M., the minimum was on Monday, at 5 A. M., when the thermometer indicated 71°, as reported by Dr. Draper, Director of the Meteorological Observatory, Central Park.

The actual number of deaths that occurred during the week ending July 8, was 973, which represents an annual death rate of 47.65 per 1,000 persons living, the population estimated at 1,061,820. The steady augmentation in the number of deaths for the past three weeks has been the result of the high temperature, which has continued to increase during the past three weeks. The number of deaths for the week ending June 24 was 443, mean temperature being 73.3° Fahrenheit; week ending July 1 was 636, mean temperature being 81.1° Fahrenheit; week ending July 8 was 858, mean temperature being 83.10° Fahrenheit.

The mortality of children in tenement houses furnishes the great excess of deaths for the week, the number of children under one year being 649, under two years 805, and under five years 862, of which 596 were from diarrhœal diseases. Sun-stroke caused 105 deaths; diarrhœal diseases, 622; phthisis pulmonalis, 83; small-pox, 4; measles, 6; scarlatina, 19; diphtheria, 25; whooping-cough, 7; tyhoid fever, 9; puerperal diseases, 7; membranous croup, 3; pneumonia, 22; bronchitis, 20; Bright's disease and nephritis, 25; drowning, 10; convulsions, 25; marasmus and scrofula, 16, and malarial fevers, 9.

The increase of deaths reported during the past, compared with the preceding week, is from the following causes, viz.: Zymotic diseases, 314; local diseases, 123; developmental diseases, 2; violent death, 1; small-pox, 3; whooping-cough, 5; typhoid fever, 5; puerperal diseases, 2; diarrhœal diseases, 300; phthisis pulmonalis, 10; bronchitis, 9; marasmus and scrofula, 4; sun-stroke, 86; all diseases of nervous system, 104; suicides, 2; drowning, 3; 8 of persons seventy years or more, and 321 of children under five years of age; and the decrease in measles, 4; scarlatina, 2; membranous croup, 2; typhus fever, 1; cancer, 2; pneumonia, 5; diseases of the heart, 5; hydrocephalus and tubercular meningitis, 5; Bright's disease and nephritis, 7.

Seven hundred and seventy-six of the total number of deaths reported occurred in houses containing four families or more, 347 in houses containing three families and less, 163 in institutions, and the balance in the rivers, etc.; 12 deaths were reported on the basement floor, 283 on the first, 393 on the second, 252 on the third, 80 on the fourth, 20 on the fifth, 1 on the sixth, and 94 on the top. The distribution of the mortality by wards for the week ending July 8, is as follows, viz.: First, 11; Second, 1; Third, 9; Fourth, 22; Fifth, 10; Sixth, 18; Seventh, 57; Eighth, 25; Ninth, 36; Tenth, 34; Eleventh, 71; Twelfth, 57; Thirteenth, 31; Fourteenth, 27; Fifteenth, 14; Sixteenth, 37; Seventeenth, 85; Eighteenth, 48; Nineteenth, 132; Twentieth, 75; Twenty-first, 57; Twenty-second, 96; Twenty-third, 12; Twenty fourth, 8. The wards north of Fourteenth street furnished 522 deaths; the five furnishing the highest number being the Nineteenth, 132; Twenty-second, 96; Twentieth, 75; Twelfth and Twenty-first, 57 each; the wards south of Fourteenth street furnished 451; and the five that furnished the greatest number are the Seventeenth, 85; Eleventh, 71; Seventh, 57; Ninth, 36, and Tenth, 34.

The annual death-rate per 1,000 persons living of the estimated or enumerated population from the most recent weekly returns of Brooklyn was 39.15; of Philadelphia, 40.17; of Boston, 24.63; of Chicago, 29.72; of St. Louis, 26.92; of Washington, 41.27; of Cleveland, 25.20; of Charleston, 26.55; of Richmond, 32.27; Galveston, 18.81; and monthly returns from Buffalo, 13.91; Memphis, 41.76; Paterson, 27.15; New Haven, 25.25; Norfolk, 20.34; London, (weekly returns,) 17.6; Liverpool, 22.2; Dublin, 23.7; Belfast, 33; Edinburgh, 18; Glasgow, 20; Calcutta, 23.4; Bombay, 27.7; Madras, 34.2; Paris, 22.4; Brussels, 28.5; Amsterdam, 23.2; Rotterdam, 26.5; The Hague, 27.1; Copenhagen, 21.3; Stockholm, 27; Christiania, 17.6; Berlin, 33.2; Breslau, 37.1; Munich, 36.1; Vienna, 25.4; Buda-Pesth, 48.2; Turin, 26.4; Alexandria, 43.1.

The large mortality among children was the subject of discussion during the executive session of the board, and a number of plans were proposed for the mitigation of the evil. It was apparent from the records that ninety-nine per cent. of the deaths from diarrhœal diseases occurred in tenement houses, and were almost

entirely confined to children under five years of age. It was finally determined to adopt a system of house to house visitation throughout the tenement house districts, and to make a systematic effort to alleviate the sufferings of the poor children and to stop the ravages of cholera infantum. With this object in view the following resolution was adopted :

Resolved, That fifty physicians be appointed for one week (or longer, if necessary,) as Assistant Sanitary Inspectors, to visit the tenement houses, and to care for cases of cholera infantum and other diseases arising from the extreme hot weather, and which are not under medical attendance, or to direct them to their regular medical attendant when necessary, and that the Sanitary Superintendent be empowered to fill vacancies in this temporary corps.

A number of these visiting physicians were appointed, and the corps was formally organized under the supervision of the Sanitary Superintendent. The city was divided into fifty districts, and to each of these one of the physicians was designated. It will be his duty to visit each tenement house in his district, and offer free medical advice in all cases of sickness where there is no regular medical attendant, and to give advice in relation to the care and treatment of children suffering from the effects of the heat. It is not intended that these physicians shall in any way interfere with the regular practitioners, but where they find sickness in a family who have a regular physician, they will only interfere so far as to urge upon the head of the family the necessity for prompt medical attendance. The board will also apply to St. John's Guild for all tickets for their free excursions that they can spare, to be placed in the hands of the physicians, and distributed by them to the poor and needy. In this way it is hoped that the ravages of diarrhœal diseases among infants will be checked, and the lives of many of them saved.

YORKVILLE HOM. DISPENSARY.

This dispensary, cor. of 84th street and Lexington avenue, was duly incorporated June the 14th, 1871, and opened its doors for the treatment of patients on the 1st of October the same year, with this public notice, that any destitute sick person living within the limits of 71st to 110th sts., and from the Central Park to the East River, by applying for medical or surgical aid at this dispensary, would be treated free of charge. We were singularly fortunate in selecting for our board of trustees gentlemen of high, moral and social standing in the community, which has reflected great honor on our institution from its origin to the present time, and we have been happily conscious of the fact, that while this moral power has been exerted to sustain ourselves financially, all the city charities have been alike benefited with us. The whole number of patients treated at the dispensary up to the present time is 10,450, and the results of the treatment, with a few exceptions, have given general satisfaction both to the patients and their friends, so that we are having a daily increasing attendance of applicants for surgical and medical aid. *Consulting Surgeons:* Dr. Wm. Tod Helmuth, Dr. John C. Minor. *Consulting Physicians:* Dr. Geo. Belcher, Dr. Carroll Dunham. *Attending Physicians:* Dr. C. B. Currier, Dr. Benj. Wilson. Aware of the importance for the better cure of catarrhal and other diseases of the ear and throat by topical applications, we have been obliged to open a separate department for these diseases on Tuesdays and Thursdays, which will be under my especial attention. The dispensary is open daily from 2 to 4 P.M. Any properly qualified medical gentleman desiring an inviting field for the study and treatment of disease, and wishing to obtain a place on our staff as attending physician or surgeon, will please to communicate with the physician in charge.—Benjamin Wilson, M. D., Fourth ave., 82d and 83d sts.

Medical Annotations.

Poisonous Red Carpets.—German industry has supplied commerce with carpets of a fiery red color, which owe their beautiful shades to a coloring-matter which is known under the name of Vienna lake, rose lake, etc. These carpets are very poisonous, since chemical analysis has demonstrated the presence of arsenious acid, once in the proportion of 1.96 per cent., another time of 2.49 per cent.—*Il. Medico di Caso*, February, 1876.

Illumination for Eye Operations.—The following method of illumination is exceedingly useful when operating in eye diseases. The light of an ordinary lamp is passed through a globe bottle filled with water and focused on the spot we wish to light up. In this way we obtain a column of light, about three inches in diameter, of great brilliancy, quite equal to the best day light, and far superior to the operating lamps, which are generally used for the same purpose, and which, in my experience, are apt to be misdirected by

assistants, to explode, and to ignite the vapor of ether, when that anæsthetic is used. In fact, the most delicate manipulations may be confidently undertaken at any hour with this simple apparatus, which is at hand in every house.—*Med. Times and Gazette.*

Subcutaneous Injection of Quinine in Sunstroke.—If there is anything in the practice of medicine which may be described as *magical*, it is the effect of the subcutaneous injection of quinine in sunstroke. A soldier was completely comatose from sunstroke, with dilated pupils, stertorous breathing, face flushed, skin burning hot, pulse full and rapid. A solution of five grains of quinine in five minims of dilute sulphuric acid, and fifty minims of water, was put under the skin in different places about the shoulders. Within one hour the heat of the surface had perceptibly decreased; he steadily improved during the night, was quite sensible next morning, and recovered without any bad symptoms. As far as I am aware, this was the first case in which quinine was hypodermically employed.—*Surgeon A. R. Hall, Braithwaite's Retrospect*, July, 1876.

To Pass an Injection into the Urethra.—For the purpose of passing an injection into the urethra, you may be certain that a syringe containing one fluid drachm is amply sufficient, and that it will distend the urethra for three and a-half to four inches. A half drachm syringe often suffices. It is scarcely necessary to say that these small instruments are much more easily managed by the patient than larger and longer ones. But most patients, unless specially taught to use the syringe, never introduce any injection at all. Unless the orifice of the urethra is carefully closed at the time, the fluid simply leaves the end of the syringe and flows out by the external meatus; and in every case after the injection has been made, the moment the orifice is unclosed, the fluid is rapidly expelled by the contracted force of the urethra, and no appreciable quantity remains within.—*Sir H. Thompson, Braithwaite's Retrospect*, July, 1876.

Calculus in the Bronchus.—M. Burdel reported the following remarkable case to the Paris Academy of Medicine:—A woman, aged fifty-seven, was suddenly seized, without any known reason, with a severe chill, followed by fever. This recurred on the second day, and soon took a tertian type, for which quinine was given with apparent effect, checking the fever for several days. However, there was a re-appearance in a few days; the slight cough the patient had complained of became worse, and at times there was a sharp pain in the right breast on coughing. No abnormal physical signs could be obtained on auscultation or percussion. This condition continued for four weeks; the access of the fever appeared irregularly, at times being very sharp, and occasioning alarm. Finally, during an attack of coughing, the patient expectorated a hard mass, eleven millimetres long, irregular in shape, of the thickness of a goose quill, and forked at one extremity. Immediate relief followed the expulsion of this concretion. The cough and fever disappeared as if by magic.—*Gaz. Hebdom.*, April 28, 1876.

How to Stop Hemorrhage from a Large Vein Accidentally Wounded.—During an operation for cancer of the breast, in which it was necessary to remove some scirrhoid glands from the axilla, an aperture was accidentally made in the axillary vein in one side. It was most undesirable to obstruct the main vein of the limb by tying it across like an artery, and to have introduced a pad of lint into the wound, to compress the orifice, would have been very unsatisfactory practice. Prof. Lister therefore put in practice a method he had long contemplated in case of such a circumstance happening. "All flow of blood being temporarily stopped, by pressure on the vein to the distal side, he threaded a fine sewing needle with the finest catgut, antiseptically prepared, and passed it through the coats of the vessel at opposite points of the wound, and at a short distance from its edges, and then cutting off the needle, so as to leave two threads in its track, I tied one thread round each half of the wound. The purchase thus secured upon the venous texture, prevented the ligature from slipping, and the hemorrhage was permanently arrested."—*Edin. Med. Journ., Dec., p.* 485.

Shoulder Presentations.—Dr. Maxson, of Syracuse, N.Y., accidentally discovered that by raising the hips of a woman in labor, so as to be relatively much higher than the shoulders, an obnormal presentation was spontaneously rectified. In a difficult shoulder case, he acted upon this idea in the following manner: He says, "I folded several quilts compactly, laying them one upon another, to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forward, so as to bring her body to an angle with the bed, of nearly 90 degrees. I then pressed my hand gently against the shoulder, which readily receded, until I was enabled to grasp the vertex with my fingers, and with the assistance of the next pain to so engage it, that, when the patient was placed upon her left side, and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labor terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequent experience convinces me that *shoulder presentations* can generally be converted in this way into *natural ones*, without a resort to 'turning,' and with no risk for the mother or child."—*Lancet.*

Boracic Acid in Ringworm.—Surgeon-Major Watson reports in the *Indian Medical Gazette* that he has lately employed boracic acid with very great success as an external application in the treatment of the dermatophyta, or vegetable parasitic diseases of the skin. He was induced to try this remedy from witnessing its employment as an antiseptic in the Edinburgh Infirmary wards. The diseases in which he has hitherto used boracic acid have been the different forms of tinea, (T. tonsurans and circinata,) and in that very troublesome form of the disease which affects the scrotum and inner side of the upper part of the thighs of many Europeans in India. Dr. Watson declares that the

external application of a solution of boracic acid acts like a charm in such cases. An aqueous solution of boracic acid of a drachm to the ounce, or as much as the water will take up at ordinary temperature, is employed. The affected parts should be well bathed with the solution twice daily, some little friction being used, and it should not be wiped off, but allowed to dry on the part. The remedy is said to be so simple, cheap and efficacious, that it has only to be once used to be preferred to all other remedies of the same class.—*Lancet*, November.

SYPHILITIC TEETH.—At the inaugural meeting of the Association of Surgeons practicing dental surgery in London, Mr. Jonathan Hutchinson, in a discussion on the "Manifestation of Syphilis in the Teeth," declared that he still adhered to the belief that the teeth, which he described twelve or fifteen years ago as accompanying hereditary syphilis, were really and invariably characteristic of that disease. He thought that the confusion of opinion on the subject grew out of the fact that this peculiar deformity had been confounded with other malformations, and especially with that arising from stomatitis, and usually mercurial stomatitis. The test teeth in the case of syphilis are the *central upper incisors of the permanent set*, and he had yet to see the first case in which those presented the single, small, lunar cleft, and were dwarfed in their general dimensions, in any other than a subject of inherited syphilis. The tooth which is damaged by stomatitis is the first molar, because that is the first tooth in the patient's head to be calcified, and, developing much more rapidly than the rest, it is the tooth which suffers most, if stomatitis occurs during the first six months of life. It never escapes if the teeth are damaged by mercury. Next come the four incisors and the canines, and the two premolars invariably escape. Mr. Coleman and himself had hit upon the fact that patients with lamellar cataract always have these mercurial teeth; and Prof. Arit, of Vienna, had added the observation that there is also connected with these conditions a history of convulsions in infancy. The relation of these facts to each other is believed to be that the mercury is given for the convulsions, the convulsions cause the cataract, and the mercury causes the deformity of the teeth. In conclusion, Mr. Hutchinson repeated the friendly challenge, which he had given them for the last ten years, that he would take great pleasure in investigating the history of any case of characteristic syphilitic teeth without evidence of syphilis.—*Med. Times and Gaz.*, May, 1876.

EMBOLISM OF THE PULMONARY ARTERY AFTER APPLICATION OF ESMARCH'S BANDAGE TO THE INFERIOR EXTREMITIES.—The application of Esmarch's bandage has been recommended as a means of relieving the debility consequent to hemorrhages; by causing the return of the blood from the extremities into the viscera of the body, the diminished amount of blood is made to serve the purpose of nutrition, and life is maintained. In the *Wien. Med. Wchschrift* for November, 1875, Dr. Massari publishes a case from the clinic of Prof. Spalth, which confirms this method of combating anæmia, and likewise points out one of its dangers. The patient was a woman, thirty-three years old, who was in a state of extreme collapse after hemorrhage from placenta praevia. The application of the bandages to the two inferior extremities at first proved beneficial, but several hours afterward the pain of compression became so great that their removal was attempted, but the return of syncope, etc., necessitated their immediate re-application. There was no further change during the day, but at 11 P. M., pain recommenced, and the bandage of the left leg was relaxed, when the patient immediately became pale, complained of an intense precordial pain, the pulse became imperceptible, respiration anxious. Compression of the abdominal aorta was made, the bandage re-applied, and stimulants administered, after which the patient rallied somewhat. The pulse again became perceptible, but the cardiac and respiratory disturbances persisted, and the patient died two hours afterward. The autopsy revealed in both lungs several of the ramifications of the smaller branches of the pulmonary artery obliterated by small emboli, 3-4 millemetres in thickness. On dissecting the inferior extremities, the saphenous veins were found varicose; they contained small clots similar to those found in the pulmonary vessels. The explanation, therefore, was that a certain amount of blood had remained in the compressed veins and coagulated. When the bandage was loosened, some of these clots had been loosened by the reëstablished circulation, and passing into the current, had given rise to pulmonary embolism.

HOSPITAL & DISPENSARY REPORTS.

WESTERN HOMŒOPATHIC DISPENSARY, 403 W. 42d st. Report for month of May, 1876: number of new patients, 665; number of prescriptions, 1,722.

N. Y. HOM. MEDICAL COLLEGE DISPENSARY, E. L. Rade, M. D., resident physician. Report for month ending April, 1876: number of prescriptions, 1,395; new patients, 508; Vaccination, 6; visits made, 64.

REPORT OF BROOKLYN HOM. HOSPITAL, for the month ending May 31, 1876, S. E. Stiles, M. D., resident physician. Number of new patients, 11; number of patients remaining under treatment, 27; deaths, 3.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third avenue and 23d st., Alfred Wanstall, M.D., resident surgeon. Report for the month ending May 31, 1876: number of prescriptions, 2,899; number of new patients, 350; number of patients resident in the hospital, 35; average daily attendance, 112; largest daily attendance, 171.

Reports of Societies.

ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

JUNE MEETING.

(Reported by H. V. Miller, M. D., Secretary.)

THE society convened in Syracuse, Dr. Greeley presiding. The following applicants were duly elected members: Drs. E. B. Squier, R. B. Sullivan and C. H. Richards.

Drs. Bigelow, Hawley and Miller were appointed a committee to publish the Constitution and By-Laws.

The Treasurer was instructed to deposit the funds of the society in the Onondaga County Savings Bank, subject to the order of the President and Treasurer.

The following paper, by H. V. Miller, M. D., was then read:

A COMPARISON OF SEPIA AND SULPHUR.

"In many of the symptoms of sepia and sulphur a remarkable similarity is found to exist. These similar symptoms are very important, because they clearly indicate the particular tissues for which these drugs have a special affinity, and hence explain their physiological action. This similarity depends almost exclusively upon portal congestion, attended with vascular and muscular relaxation. Hence, as indicative of plethora of the venous system and of the abdominal and reproductive organs, of jaundice, hepatic derangement, hepatitis, dyspepsia, and irregular action of the vaso-motor nerves, we find in both these remedies the following corresponding symptoms: Yellowness of the face, a yellow saddle across the nose, brown or yellow spots on the skin in various locations, cutaneous eruptions, itching and burning after scratching, peevishness and hypochondriac mood, putrid taste in the mouth, excessive production of flatus, sensation of emptiness in the pit of the stomach, constipation, piles, sexual excitement, prolapsus uteri, hot palms and soles, and frequent flushes of heat.

Both have hypochondriac mood, from digestive derangement.

Sepia. Sadness and dejection, with weeping; fearful about the health, peevishness, so nervous that the least excitement causes cold, clammy hands, palpitation, etc.; anxiety, with flushes of heat; indifference to every thing, even to relatives.

Sulphur. Peevishness, hypochondriac mood, hasty in temper and motion, anxiety about one's own salvation, and great indifference to others' welfare; no one of the senses recognizes objects, circumstances, or the relation of things; imagines every thing is beautiful.

Headache, with hot vertex; congestion to the head, with abdominal plethora and piles.

Both have yellowness of the face.

Sepia also has yellow color of sclerotica and yellowness around the mouth.

Sulphur. Pale or yellow face, red lips.

Sepia. Yellow saddle across the nose and face and spots on the face. *Sulphur* has herpes across the nose.

Both have flushes of heat.

Sepia. Hot flushes, with thirst and redness of the face.

Sulphur. The hot flushes are followed by weak spells, and there are sudden and frequent hot flushes all over the body.

Sepia. White coated tongue.

Sulphur. Tongue red at tip, yellow-brown coating in the centre.

Both have a putrid taste.

Sepia. Taste putrid and sour. Vomiting of bile and food in the morning, with headache.

Sulphur. Bitter or putrid taste in the morning.

Both have incarceration of flatulence, but in sulphur it is on the left side.

Sepia. After eating, acidity in the mouth, and bloatedness in the abdomen (see lycopodium.) After eating, rumbling in the abdomen, eructations sour, bitter, or like rotten eggs. Excessive production and incarceration of flatus.

Sulphur. Bloated abdomen. Rolling and rumbling in the abdomen. Incarcerated flatulence, with inflation of the abdomen, chiefly in the left side, with constipation. Frequent escape of very fetid flatus.

Both have a sensation of faintness or emptiness in the stomach.

Sepia. Sensation of emptiness in pit of stomach, not relieved by eating. Painful sensation of emptiness in stomach and abdomen, (phosphorus).

Sulphur. Eleven, A. M., hunger. Cannot wait for dinner on account of faintness and hunger; but the appetite is soon satisfied by eating.

Both have jaundice and chronic hepatitis.

Sepia. Stitches in the liver and left hypochon-

drium. Aching, throbbing and shooting in the hepatic region. Pains in the liver when riding in a carriage.

Sulphur. Important in acute as well as chronic hepatitis. Inflammation, swelling and induration of the liver. Hepatitis with a group of general indications for sulphur. Drawing, pressure, tension and shootings in the region of the liver and spleen.

Both have constipation and piles.

Sepia. Constipation, with sensation of weight at anus, as if a potato were there, not relieved by stool; piles, continual straining pain in rectum, protrusion of piles and prolapsus ani, heat, burning and smarting of the anus; discharge of black, venous blood from the rectum.

Sulphur. Constipation, with stools hard, knotty and insufficient, and frequent and unsuccessful desire for stool. This urgency is said to be greater than in nux vom. Watery, green stools; bilious, greenish, yellow stools; stool and urine excoriating (cham. merc.); swelling, soreness and heat of anus.

Both have fetid urine, and greasy cuticle on the urine. In sepia the urine is putrid. Sediment like clay burnt on the vessel. Also turbid urine, with sediment like red sand, (lycopodium, clear urine with brick-dust sediment.)

Sepia. Continued erections at night.

Sulphur. Increased sexual desire, with weakness of the genital functions, testes relaxed, etc.

Both cure prolapsus uteri.

Sepia. Prolapsus of uterus and vagina with constipation. Pressure as if everything would protrude from the vagina, with oppressed breathing. She has to cross her limbs to prevent everything coming out of the vagina. In labor pains, she is obliged to cross her limbs to prevent prolapsus.

Sulphur. Pressure on the female genitals. Bearing down in the pelvis; congestion to the uterus. Prolapsus uteri with hot soles, hot flushes. Eleven, A.M., hunger, etc.

Both have cracked nipples.

Sepia. Nipples crack very much across the crown.

Sulphur. Nipples cracked around the base, and often bleeding. They smart and burn very much as soon as the infant lets go of them.

Both have burning sensation in the feet. In sulphur the burning is in the soles.

Both have discolorations on the skin.

Sepia. Brown spots, or claret-colored tetter-like spots on the skin.

Sulphur. Hepatic, scarlet-colored, yellow, brownish or butternut-colored spots.

Both have chapped tetters.

Sepia. Circular tetters. Also deep cracks—rhagades in the skin, worse from washing in the water.

Sulphur. Tetters scurfy (ars.) painful, tearing, pulsating, etc.

Both have much itching of the skin, and burning after scratching. (Rhus rad. and tox.)

Sulphur. Voluptuous itching and tingling, with burning and soreness after scratching. Also itching worse from the heat of the bed.

Both are often suitable for complaints caused by abuse of mercury or china.

Sepia is especially suitable for persons of dark hair, and for women during pregnancy, in childbed and while nursing.

Sulphur has relapses in damp weather, and it is especially suitable for lean persons that walk stooped.

Either follows well after pulsatilla."

DISCUSSION.

Dr. Hawley had associated with rhus tox the symptom mentioned under sepia—"of burning after scratching." He had often prescribed rhus tox for the indication, "the more you scratch, the more it burns." He often prescribed sepia for induration of the cervix uteri, when attended with leucorrhœa which was acrid and corroding, more smarting than burning. Also for constipation with sensation of a lump constantly remaining in the rectum after stool.

Dr. Miller: In nux-constipation there is a sensation after stool as if it were insufficient.

Dr. Hawley: Nux also has tenesmus recti. These symptoms were characteristic. So was the early morning diarrhœa of sulphur.

Dr. Greeley: With sepia had cured prolapsus uteri "with sensation as if everything would come out of the vagina—she has to cross her legs to prevent prolapsus."

Dr. Miller: Sepia has "pressing sensation in the uterus oppressing respiration," but the pressure is not violent as in belladonna, which has "pressure as if everything would be forced out." In sepia there is more relaxation. Rhus tox, like anacardium, has "itching worse after scratching."

Dr. Seward had often with sepia cured leucorrhœa, profuse, thin, fetid, causing itching and

smarting; and he had often cured circular tetter with this remedy.

Dr. Miller: It is very suitable for tetters that chap. Arsenicum, bovista and graphites are important remedies for herpetic eruptions.

Dr. Hawley with rhus tox cured herpes circinnatus (ring-worm) on the face and hands, when the itching was worse after scratching.

Dr. Greeley had cured tetters with sepia.

Dr. Hawley with sepia had several times cured yellow-saddle across the nose. He said sepia was especially adapted to diseases of women.

Dr. Miller: Both sepia and sulphur may be indicated severally in functional derangements of the liver, but sulphur has acute and chronic hepatitis.

Dr. Seward often found sulphur indicated in chronic hepatitis, but less often in the acute form.

A COMPARISON OF COFFEE AND OPIUM.

The following paper, "A Comparison of Coffee and Opium," was read by the author, E. B. Squier, M. D.:

"The actions of Coffee and Opium are so unlike, though both acting prominently on the nervous system, that a comparison of their specific actions may not be entirely uninteresting.

In coffee we have great excitability and hyperæsthesia of all the nerves, particularly those of sensation and special sense. All of the pains are unbearable, so exceedingly acute are the sensations.

Opium is exactly the reverse of this, there is anæsthesia of all nervous power—as is shown by the unsteady gait, dullness of hearing and almost total insensibility to pain.

The action of coffee on the mind is very marked. There is over-sensitiveness, ecstacy, weeping mood, increased mental and reasoning power, rapidity of thought, etc. Also great liability to *unpleasant* consequences from *pleasant* surprises. The pains drive to despair. (Cham.)

In opium the mind is for a short time excited, as seen in the vivid imagination, the furious, loquacious delirium. This effect is soon followed by stupor, in which there is dullness of all the senses, and finally insensibility.

Head. — Both remedies have congestion of blood to the head--coffee in a lesser degree. In this drug the headache is of an *acute* character, the pains are very intense and sharp, In opium there is more congestion, but none of the acute pain. There is great dullness and *heaviness* of the head. The power of vision in coffee is greatly increased, the eyes are slightly congested. In opium the sight is obscured; the eyelids hang down as if paralyzed; the eyes seem too large for the orbits, from congestion of blood. Primarily the pupil is *contracted*, secondarily it may be dilated.

Both hearing and smell in coffee are very acute, in opium correspondingly dull.

The face, in coffee, is not much changed; the cheeks are red, and there may be a dry heat of the face. In opium, the face is bloated, and dark or purplish; the muscles are relaxed; the lower jaw hangs down; the veins are prominent, or the face may be pale, and sometimes with a cold perspiration on the forehead.

The stomach and abdominal symptoms of coffee are not marked, but are very prominent in opium. We have either aversion for food, or else canine hunger, with no appetite. Violent vomiting, sometimes of fæcal matter. Colic, hard and bloated abdomen.

There is constipation of the bowels from inactivity, or rather from *paralysis* of muscular action. The stools are hard, black, and packed together.

There may also be a very offensive diarrhœic stool, watery, frothy, and excoriating, and sometimes involuntary.

In opium the urine is dark, brown, or with brick-dust sediment, and scanty, or suppressed from paralysis of the muscles of the fundus of the bladder.

In coffee there is emission of large quantities of pale urine, and there may be diarrhœa during dentition, from reflex action of the nerves.

There is excitement of the sexual organs in coffee; and in women the labor pains are almost unbearable.

In opium, at first excitement, followed by impotence, labor pains are spasmodic or suppressed.

In coffee, there is oppressive breathing, and a visible motion of the thoracic walls, and a short, dry cough.

In opium, there is deep, stertorous breathing, with *blowing* expiration, and bloated, bluish face, or there may be rattling breathing as from paralysis of the lungs. The sleep of opium is dull, heavy and unrefreshing, accompanied by voluptuous dreams. Patients are constantly drowsy.

In coffee, they are sleepless from constant rush of thought, which keeps crowding on the mind.

In the fever of opium the chief peculiarity is that, although covered with perspiration, they are burning hot. The pulse is full and soft. Instead of this heat there may be cold extremities, with cold perspiration.

In coffee, the chill predominates, and is aggravated by the least motion. There is internal chilliness with external heat, and with the heat in one part, there will always be found a corresponding chilliness in some other.

Condition. Both are suitable to ailments consequent upon the use of tobacco, alcohol, etc. Opium will always be characterized by the insensibility and general painlessness. Coffee by the great sensitiveness to the *least* pain, and excessive hyperæsthesia of all nerves."

DISCUSSION.

Dr. Brewster inquired whether these symptoms of opium were primary or secondary?

Dr. Squier. Mostly primary. The sleepiness, stupor and anæsthesia are primary, but the sleeplessness, excitability and hyperæsthesia are secondary effects.

Dr. Brewster seldom had occasion to resort to the use of crude opium. Once with a small dose he gave immediate relief to a protracted case of vomiting of food and drink as soon as taken, with great restlessness and obstinate constipation. After giving the dose the patient quietly slept all night, and the constipation was relieved. In a day or two the same symptoms returned, and with another dose they were permanently relieved. The size of the dose was too small to produce a stupefying effect.

Dr. Miller reported the following clinical cases:

SINGULAR CASE OF RHEUMATISM CAUSED BY PORK-EATING.

"April 1876—Egbert Palmer, an intelligent farmer, fifty-seven years of age, always very rugged and healthy, has all his life time been accustomed to freely indulge in the use of pork as a favorite article of diet, and until last spring apparently with impunity. He prefers to have his pork cooked very rare. Last winter he ate but very little pork, using beef instead, but in spring he commenced on the pork barrel, and continued to draw supplies from it until December following. In about two weeks after commencing on the pork diet he was attacked with rheumatism for the first time in his life. There were soreness, lameness, and swelling of his hands and legs, worse from changes in the weather and at night and in the morning. At night he would sleep a little by spells, and then awake with severe pain in limbs, being obliged to rise and walk about to get some relief. A little perspiration temporarily relieved. The pork was continued all last summer and fall until December, when the pork barrel was finished, the rheumatism continuing persistent. He then commenced on beef, and two weeks afterwards he was entirely relieved of the rheumatism, being unaffected by storms, by wet and cold weather and by changes in the weather, whereas previously he could not endure the least exposure to wet or cold weather. Until about three weeks ago he continued the exclusive use of beef for meat diet, and during all that time, about five months, he never had the first symptom of rheumatism. Then the beef barrel gave out. Four days after, changing to pork, the same symptoms of rheumatism returned and continued unabated two weeks, and then entirely ceased four days after quitting the use of pork. Now he has no rheumatism, even after getting thoroughly wet by a rain storm. He raised his own pork on corn and sour milk. The hogs were healthy, so far as he knew. He received no benefit from the great variety of medicines that he used."

Dr. Hawley. Unquestionably this was a case of pork-rheumatism.

Dr. Greeley. It was a singular case, and beef proved to be the antidote.

Subject selected for discussion at the next meeting: "*Kali Carb.* and *Kali Bichrom.*"

By a unanimous vote of the society the following gentlemen were requested to prepare papers for the next meeting, each individual selecting a subject to suit himself: Drs. Hawley, Bigelow, Seward, Greeley, Squier, Richards and Miller.

Adjourned to Tuesday, July 18th, 1876.

Medical Items and News.

PHYSICIANS' PICNIC AND EXCURSION.—The Essex County Homœopathic Medical Society, with invited guests—in all about two hundred—held its fourth annual picnic on Monday last, at Centennial Grove, Essex. Immediately on arriving at the grounds, foot races, walking races and boat races were inaugurated, and some of

them were pretty "hot," as the ladies took an active part. Then followed a bountiful dinner, which received heroic treatment. After dinner the president, Dr. A. J. French, of Lawrence, delivered an address, which was well received. Dr. S. M. Cate, of Salem, gave an address of welcome to the foreign doctors present. Dr. A. M. Cushing, of Lynn, read a poem, entitled "Prophetic Vision, or 1929." Interesting speeches were then made by Drs. Richard Hughs, of Brighton, England; Haywood and Clifton, of Liverpool, England; Sanders, Woodbury, Talbot, Thayer, M. B. Jackson, and Prof. Babcock, of Boston; Drs. Holt of Lowell; Cummings of Newburyport; Rev. C. D. Hills of Lynn, and others. Mr. Edward Everett Parker, of Boston, gave some very fine readings. Songs, solos and duets were delightfully executed by Misses Felt and Wilkins, of Salem. Upton's band, of Salem, furnished music which fully sustained their reputation, and it was decided by all that it was a *big time*. On Tuesday, the same party, with a few exceptions (some of the additions being from New York city), took a trip down Boston Harbor, and dined at the Atlantic House. The proprietor had a bill of fare richly printed, and inscribed "Dinner to the Massachusetts Homœpathic Physicians and their guests, at the Atlantic House, Nantasket Beach, July 18, 1876." At the top of the page was the name of Washington, and at the bottom that of Hahnemann. The house is elegant, and delightfully situated; the proprietor is a *gentleman*. The dinner was sumptous, and the waiters seemed to be there for the benefit of the guests. A poem was read by Dr. Cushing, of this city, on the former occasion above-mentioned.—*Lynn Record.*

GALA DAY AT THE HOM. HOSPITAL, W.I.—The LADIES' GUILD, whose object is "to comfort and assist the suffering and friendless, particularly those in the Charity Hospital on Ward's Island," on Thursday, June 8th, with a number of invited guests, visited their beneficiaries, and prepared for them a most bountiful feast of strawberries and ice cream. It was indeed a sight to cheer our hearts, in these days when we are so frequently saddened by reports of selfishness and dishonesty, to see a nobler picture of life. The hospital in all its appointments was beautifully clean and orderly. The Weber Quartette headed the procession, singing in all the wards as they walked; then followed the younger members, bearing flowers, the gift of the City Flower Mission, one of our loveliest New York charities. These were followed by the managers of the Guild, who themselves served ice cream and strawberries. Many an eye was moistened, and many a "God bless you" uttered, but probably the greater part of the good felt was unspoken. Scenes like this, when the pampered children of fortune and ease are willing and eager to serve with their own hands the wretched sufferers of our charity hospitals, make us believe that the new day is dawning which "transcends the old," and we feel with the poet,

> "O sometimes gleams upon our sight,
> Through present wrong, the Eternal right!
> And step by step, since time began,
> We see the steady gain of man.
>
> Through the harsh noises of our day,
> A low, sweet prelude finds its way;
> Through clouds of doubt and creeds of fear,
> A light is breaking, calm and clear."

The "trumpet has sounded forth that shall never call retreat" for the religion of a broad humanity and the brotherhood of man.

ORIGIN OF UREA IN THE BODY.—In a recent paper on this subject (*Centralblatt*, No. 53, 1875,) Dr. Salkowski observes that the principal facts at present known bearing on this point are that certain amido-acids, after their ingestion into the alimentary canal, appear in the urine in the form of uramid-acids or combinations of amido-acids with the group COHN. 2. Certain other amido-acids, such as glycocoll, leucin, asparaginic acids, which are products of the disintegration of albumen, when administered with the food, lead to augumented excretion of urea. 3. After the ingestion of sal ammoniac, the greater part of the nitrogen appears as urea in the urine. 4. In the course of the oxidation of glycocoll, leucin, &c., in an alkaline solution outside the body, carbaminic acid is formed, the salts of which are found in the blood. On repeating and extending the researches that led to the above conclusions, he has satisfied himself that at some stage of the disintegration of nitrogenous substances cyanic acid (or carbaminic acid) is formed in the body; secondly, that both glycocoll and sarcosin cause considerable increase in the amount of urea excreted, without producing more than a small increase of the amount of disintegration of the albumen; and, thirdly, he agrees with Drechsel in thinking that albumen ingested as food breaks

up into leucin, tyrosin, &c.; these undergo oxidation, and form carbaminate of soda, which splits up, perhaps under the influence of a ferment, into urea and carbonate of soda.

NO MORE OVARIOTOMY.—Under the above title we find in the *Wiener Med. Presse*, an exceedingly interesting article by Dr. Semeleder, formerly physician to the Emperor Maximillian, of Mexico, but now residing at 106 West 42d street. When the poles of a battery are placed in an albuminous fluid, clotting and thickening takes place at the positive pole and liquefaction at the negative. The same thing happens when if an ovarian tumor is subjected to galvanopuncture. Three cases of cure by this plan are related. In the first case the treatment was continued six months, in the second two months, in the third six weeks. In one case the tumor reached above the umbilicus, and in all the treatment was entirely successful. The settings were of short duration, and not particularly painful.

HOM. MED. SOCIETY OF THE STATE OF N.Y.—The twenty-fifth semi-annual meeting will be held in Buffalo, on Tuesday, October 10th, 1876. A most interesting and profitable meeting may be expected, as valuable professional papers will be presented. Delegates from other societies are earnestly and cordially invited to be present. Vol. II *N. S. Transactions*, is now ready for delivery, and will be sent *postpaid* upon receipt of $2.00, by Messrs. Weed, Parsons & Co., Albany.

UNIVERSITY OF MICHIGAN.—On July 16th the Regents appointed F. A. Rockwith, M. D., of East Saginaw, Lecturer on the Homœopathic Therapeutics of Obstetrics and Diseases of Women and Children; and J. G. Gilchrist, M. D., of Detroit, Lecturer on Homœopathic Therapeutics of Surgery and Ophthalmology.

THE New York Ophthalmic Hospital for Eye and Ear, cor. Third avenue and 23d st., Alfred Wanstall, M. D., resident surgeon.—Report for the month ending June 30th, 1876: Number of prescription, 2,587; new patients, 224; patients resident in hospital, 31. Average daily attendance, 103; largest, 147.

BROOKLYN Hom. Hospital, S. E. Stiles, M.D., resident physician.—Report for month ending June 30th, 1876: Number new patients, 16; patients remaining under treatment, 22.

MIDWIFERY ENGAGEMENTS.—In England, a medical man may claim by law an obstetric fee if previously engaged to attend a case, even if the birth takes place in his absence.

RINGWORM.—Dr. Watson cures this troublesome disease by applying twice a day an aqueous solution of *boracic-acid*, of the strength of a drachm to the ounce.

SCARLATINA ALBUMMARIA.—Dr. J. T. Jameison recommends a saturated solution of *gallic-acid* in tea-spoon doses every two hours for the above trouble.

MEASLES.—Dr. Boyce, of Auburn, recommends *euphrasia* as specific in the first stage of measles, controlling the coryza and speedily bringing out the eruption.

NOTICE.—Physicians who are about to subscribe for the HOMŒOPATHIC TIMES, *or who have already subscribed and have not remitted for the same, are requested to have their postal orders made payable at Station G, New York city, and to the order of* L. L. DANFORTH, *Treasurer.*